

MAIN : HRM: 67 / 2015-16



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SUB : Welfare: 06

CO: HRM Department

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### SUB : MEDICAL INSURANCE SCHEME

In terms of the X Bipartite Settlement / Joint Note dated 25.05.2015 signed between Unions / Associations and IBA on behalf of member Banks, a new Medical Insurance Scheme for officers and award staff has been implemented with effect from 01.10.2015 for reimbursement of medical expenses in lieu of the hospitalization scheme. In case of retired staff, the scheme is effective from 01.11.2015 subject to payment of stipulated premium by them.

The insurer for the scheme is M/s United India Insurance Company Limited and the Third Party Administrator (TPA) allotted to our Bank is M/s Paramount Health Services (TPA) Pvt Ltd.

The salient features of the scheme are as follows:

1. The Sum Insured for Hospitalization and Domiciliary Treatment coverage per annum for Officers is Rs.400000/- and for Award staff is Rs.300000/-
2. All new Officers / employees shall be covered from the date of joining as per their appointment letter.
3. The scheme covers hospitalization as well as domiciliary treatment.
4. The scheme has built in facility of cashless treatment in network hospitals enlisted by the TPA.
5. The scheme will also cover the existing retired officers / employees and spouse subject to payment of stipulated premium by them..

Under the Scheme, for hospitalization of self or dependent family members, employees (in case of retirees, retiree or his / her spouse) can avail cashless facility in any network Hospital or claim reimbursement of hospitalization expenditure incurred by submitting the required medical bills and documents.

Full details of the Scheme are enumerated in our Circular No. HRM:33/2015-16 dated 31.07.2015 and Circular No. HRM:34/2015-16 dated 31.07.2015.

#### **Procedure to avail cashless facility:**

- A list of network hospitals where cashless treatment can be availed is hosted in HRM online site. The list is also available in the website of the TPA, [www.paramounttpa.com/providernetwork/providernetwork.aspx](http://www.paramounttpa.com/providernetwork/providernetwork.aspx).
- In case of an emergency, the concerned staff has to arrange for the Admission Request Note to be sent by the Network Hospital to TPA within 24 hours of admission. The Admission Request Note is available in the TPA counter ( Insurance Help desk) of the network hospital.

- In case of a planned hospitalization, the staff has to arrange for the Admission Request Note (Pre-Authorisation Form) to be sent by the Network Hospital to TPA seven days in advance.
- The Admission Request Note is to be filled in by the treating Doctor with his signature and stamped by the Hospital.
- It is mandatory for the staff to mention the PHS ID number which will be available in the e-card / ID card provided by the TPA , SR No (employee id) , name of the Bank and branch in the Claim Form for proper identification / verification and further processing of the claim.
- The staff should ensure that all the required details are furnished in the Admission Request Note, sign it and submit the completed admission request note to the TPA desk (Insurance Help Desk) of the Hospital. The TPA desk will in turn send the request form to M/s Paramount Health Services for approval.
- On receipt of the Request Note by the TPA, the claim will be registered and a unique claim number (FIR / CCN) will be generated. This number should be quoted in all correspondence relating to that particular hospitalization.
- The TPA will verify the claim and if admissible, an Authorisation Letter will be sent (faxed / mailed ) to Hospital and a copy will be mailed to the staff, if his e-mail id is available. An SMS alert regarding the authorization will be sent to the mobile number of the staff registered with the TPA.

#### **At the time of discharge**

- ❖ The ineligible expenses and other charges which are outside the purview of the scheme are payable by the staff.
- ❖ If the bill amount exceeds the eligible limit (i.e. Rs.300000 for Award staff and Rs.400000 for officers) , staff will have to pay the difference amount in excess of the eligible limit to the hospital.
- ❖ Network hospital, wherein the staff / dependent has availed cashless facility, will not give the Original Bill, Discharge Card, Investigation Reports, etc. (as they have to send these to the TPA for settlement with the Insurance Co.). However staff may ask for copies of the same for their records & subsequent follow-up for which the Hospital may charge a nominal amount for issuing duplicates.
- ❖ Prior to discharge staff should verify the Final Bill & duly sign the same.

#### **Points to remember**

- Staff should carry the e-card / ID card, valid Photo ID Proof like Bank identity card, voter-id, driving license etc for the patient (self or dependent) while requesting for cashless facility.
- Staff should ensure that the hospital has sent the required documents to the TPA for processing the request for cashless facility.
- Staff should sign the final hospital bills at the time of discharge.
- Staff should collect the Photo copy of the entire documents like Medical Bill, Discharge Summary, Medical reports etc for future reference.

The above procedure shall be followed for the retired staff and spouse for availing cashless facility.

### **Procedure for claiming reimbursement of Hospitalisation expenditure**

Where the staff has paid the medical bills for hospitalization either in network hospital without availing the cashless facility or in non-network hospital, the procedure for claiming reimbursement is as follows:

The Institution from where medical facility is availed (in case of non-network hospital) should have been registered as a Hospital with the local authorities.

Staff should submit the claim for reimbursement as per format in Annexure I within 30 days from Date of Discharge to the respective Zonal Offices. Similarly, in the case of retired staff the claim should be submitted to the respective Zonal office or Corporate office directly. A representative of the TPA will collect the claim forms received at Zonal Offices for processing at their end.

Claim forms can be downloaded from CBS Helpdesk - HRM Online Site or from the Internet at the website [www.paramounttpa.com](http://www.paramounttpa.com).

### **Documents to be submitted with the Claim form:**

- ❖ Completely filled in Claim form (Original)
- ❖ In case of delay in submission, reason for delay in submission.
- ❖ Schedule of Expenses
- ❖ Copy of the PHS ID card/e card.
- ❖ Original Discharge Card/ Summary.
- ❖ Original hospital final bill with complete breakup of the expenses.
- ❖ Original numbered receipts for payments made to the hospital
- ❖ All original bills for investigations done with the respective reports
- ❖ All original bills for medicines supported by relevant prescriptions
- ❖ Upon approval, the amount of reimbursement will be credited to the SB account of the staff through NEFT by the TPA.

The above procedure shall be followed for the retired staff and spouse for claiming reimbursement of domiciliary treatment expenses.

### **Pre and post hospitalization expenses**

The following documents are to be submitted in case of claim for reimbursement of pre and post hospitalization expenses.

- ◆ Claim form as in Annexure-I
- ◆ It should be mentioned in the first page of the form at the top that the claim is for reimbursement of pre and post hospitalisation expenditure.
- ◆ Copy of the e-card / ID card.
- ◆ Original consultation bills supported by consultation note / papers of the doctor.
- ◆ Original Investigation / Pathological / Radiological test bills supported by Reports & advice for the same.
- ◆ Original Pharmacy bills supported by respective prescriptions for the same.
- ◆ Copy of Discharge Summary of the Hospitalization.

- ◆ The required documents as stated above should be sent to Zonal Office within 7 days from completion of Post Hospitalization Benefit under the policy, i.e. 90 days.

The above procedure shall be followed for the retired staff and spouse for claiming reimbursement of pre and post hospitalization expenses.

### **Domiciliary Treatment**

The following documents are to be submitted in case of domiciliary treatment:

- ◆ Claim form as in Annexure-II
- ◆ Copy of the Medical certificate and prescription certified by the attending medical practitioner and / or Bank's Medical Officer.
- ◆ Copy of the e-card / ID card.
- ◆ All Original bills for investigations done with the respective reports
- ◆ All original bills for medicines supported by relevant prescriptions
- ◆ All payment receipts in Original.
- ◆ The required documents as stated above should be sent to Zonal Office.
- ◆ The claims for domiciliary treatment will be collected by the TPA from the Zonal Offices by 10<sup>th</sup> of every month for processing and reimbursement.

The above procedure shall be followed for the retired staff and spouse for claiming reimbursement of domiciliary treatment expenses.

A list of Zone wise contact details of the TPA is provided in Annexure III. Zonal Offices are requested to contact the representative of the TPA allotted to their Zones for any requirement relating to the Medical Insurance Scheme.

At Zonal offices, a separate register is to be maintained for recording all Hospitalization / Domiciliary medical bills received from staff and retirees. The hospitalization bills will be collected by the TPA as and when it is received. The domiciliary bills will be collected on the 10<sup>th</sup> of every month. All Medical bills under this scheme should be delivered to the TPA under proper acknowledgement.

All medical bills relating to Hospitalisation where date of hospitalization was prior to 01.10.2015 and domiciliary treatment expenses incurred prior to 01.10.2015 shall be processed and reimbursed as per erstwhile scheme.

**S.KRISHNAN  
GENERAL MANAGER (HRM)**

**Click here to download.**

[Annexure I](#)

[Annexure II](#)

[Annexure III](#)